

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 595951

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3		2		1		
4		0		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9				1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14	1		1			
15		1		1		
16		2		1		
17		0		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27	1		1			
28		1		1		
29		2		1		
30		0		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	39	←	36	←		←
TOTAL CLAIMS	42		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						